



North Carolina Telepsychiatry Program 2014 Profile

www.ncdhhs.gov/orhcc/

Overview

The **N.C. Statewide Telepsychiatry Program (NC-STeP)** was developed in response to Session Law 2013-360, directing ORHCC to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment. Telepsychiatry is defined as **“the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.”**

Source: Session Law 2013-360

Importance

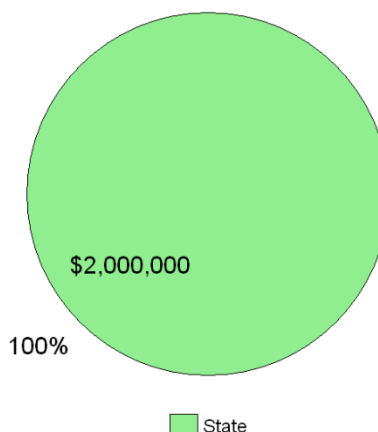
- As of April 2014, there are 35 counties in NC that are classified as Mental Health Professional Shortage Areas. These areas have a very low supply of mental health professionals in proportion to the population.
- The practice of telepsychiatry through NC-STeP allows for the psychiatric evaluation of patients through videoconferencing technology in emergency departments lacking psychiatric staff.
- This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

Cost, Savings and Program Monitoring

- NC-STeP has been awarded \$4 million in State appropriations (\$2 million each for SFY14 and SFY15). An additional \$1.5 million in philanthropic funding has been awarded to the program by The Duke Endowment.
- One full-time ORHCC staff member is assigned to NC-STeP activities.
- As of June 2014, NC-STeP has conducted 4,374 assessments.
- 346 involuntary commitments have been overturned.
- NC-STeP estimated cost savings to the State thus far have been \$1,102,356 through LME-MCO & Self-Pay.
- Overall, the program has resulted in cost savings to the State, its partners and external stakeholders. Out of 346 overturned involuntary commitments during SFY 2014, 218 involved Self Pay and Medicaid patients. The estimated cost savings to the State from these overturned involuntary commitments is \$1,102,356.

Hospitalization Savings From Overturned IVCs	
Self-pay	\$534,181
LME-MCO (Medicaid)	\$297,978
Commercial & BCBS	\$212,340
Other	\$15,706
Medicare	\$257,189
Total Savings	\$1,317,395

**Telepsychiatry Funding
Sources (SFY 2013-2014)**





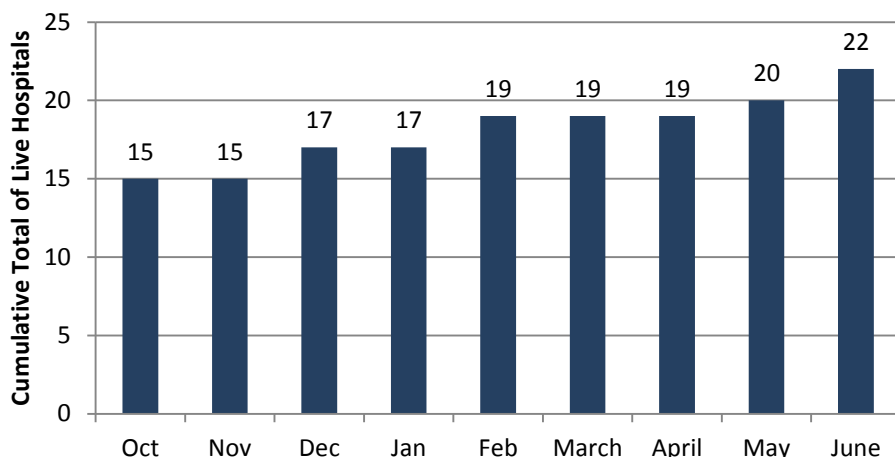
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Phone: 919.527.6440 * Fax: 919.733.8300

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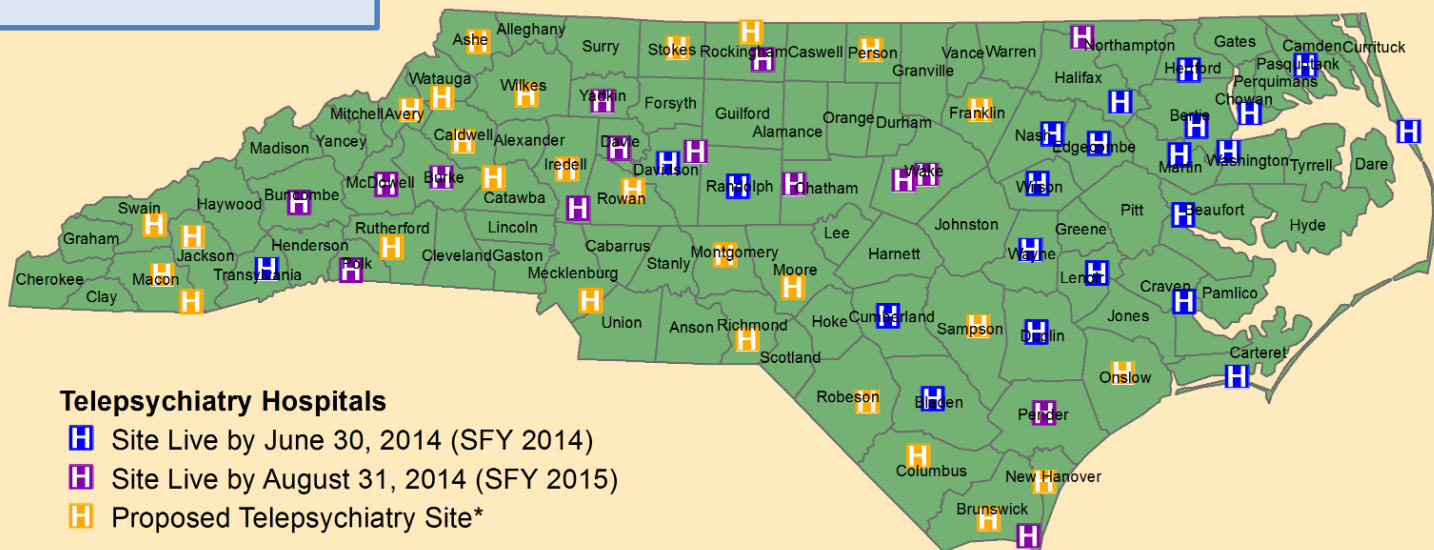
Implementation Progress by Month

For the period covering October 2013 to June 2014



Program Coverage

- As of June, 2014, NC-STeP was operational in 22 hospitals in 21 counties.
- By the end of 2014, plans are to expand to an additional 26 hospitals.
- Five consulting sites.



Telepsychiatry Hospitals

- Site Live by June 30, 2014 (SFY 2014)
- Site Live by August 31, 2014 (SFY 2015)
- Proposed Telepsychiatry Site*

* Proposed telepsychiatry sites as of August, 2014, and may be subject to change.

If you have further questions, please contact:

Brian Cooper, Telepsychiatry Specialist
Office of Rural Health and Community Care
311 Ashe Avenue, Raleigh, NC 27606
Phone: 919-527-6494
brian.cooper@dhhs.nc.gov